



Current Date: _____

MALE/FEMALE _____

Age: _____ DOB: _____

NAME: _____

HISTORY:

Chief complaint/history of present illness: _____

Present Medication: _____

VITAL SIGNS:

Height: _____ Weight: _____ B.P.: _____ Pulse: _____ Respirations: _____

Temperature: _____

PAST MEDICAL HISTORY:

Surgical: _____

Medical: _____

Allergies: _____

Medications: _____

Social History: _____

Family History: _____

Review of Systems: _____

PHYSICAL EXAMINATION:

LOC: _____ Awake _____ Oriented _____ Other _____

H.E.E.N.T.: _____

Heart: _____

Abdomen: _____

Genital/Urinary Exam: _____

Neck: _____

Extremities: _____

Lungs: _____

Impression: _____

Plan: _____

PLAN OF ANESTHESIA	
Per Anesthesiologist	<input type="checkbox"/>
Local	<input type="checkbox"/>
Moderate Sedation	<input type="checkbox"/>
ASA Class I II III IV (circle one)	

HISTORY AND PHYSICAL UPDATE:

Date: _____ Time: _____

___ Charted History and Physical (performed within the last 30 days of admission or outpatient service) has been reviewed, patient was examined, and there is no change in status from current exam.

___ Charted History and Physical (performed within the last 30 days of admission or outpatient service) has been reviewed, patient was examined, with change of status of:

Physician Signature _____

Print Physician's Name/ Date _____

NOTE: Must be completed prior to Surgery date.

Patient Label



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